

UTAH DEPARTMENT OF HEALTH  
Bureau of Child Care Licensing  
P. O. Box 142003, Salt Lake City, Utah 84114-2003

**RESIDENTIAL CERTIFICATE APPLICATION**

**A. IDENTIFYING INFORMATION:**

NAME \_\_\_\_\_ TELEPHONE#(\_\_\_\_) \_\_\_\_\_

INTERPRETER (if applicable)

NAME \_\_\_\_\_ TELEPHONE#(\_\_\_\_) \_\_\_\_\_

CERTIFICATE HOLDER MAILING

ADDRESS \_\_\_\_\_

RESIDENCE STREET ADDRESS \_\_\_\_\_

CITY AND ZIP \_\_\_\_\_

DATE OF REQUESTED ACTION: FROM \_\_\_\_\_ TO \_\_\_\_\_

**B. ACTION REQUESTED:** (Check all that apply). Application is complete when copies of all items listed are submitted.

- Initial Certificate ☐ (Include \$50.00 fee, BCI application, First-Aid & CPR certifications, Food Handler's Permit, and 5-hours Department approved training)
- Annual Renewal ☐ (Include \$50.00 fees, BCI Renewal form, and BCI application for any new adults in the house hold)
- Change of Category ☐ . (Currently Licensed)
- Change of Address ☐
- Change of Capacity ☐
- Change Name ☐ (Previously known as \_\_\_\_\_)

\* There is a \$25.00 fee if more then two changes are made per year.

**C. TYPE OF FACILITY:** (Check appropriate boxes).

☐ RESIDENTIAL IN - HOME (5-8 children) Residential Certificate approved capacity \_\_\_\_\_

\*Please complete Household Members chart below:

Names & DOB of Household Members:

Name	Date of Birth	Name	Date of Birth
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**D. CRIMINAL IDENTIFICATION SCREENING**

Utah Code 26-39-105.5 requires that each person shall submit to the department the name and other identifying information, which may include fingerprints, of existing, new, and proposed: providers of care; and volunteers; except parents of children enrolled in the programs. This information shall be used to screen the individuals for criminal history through the Bureau of Criminal Investigation (BCI) and Child Abuse Management Information System. Include the information for all persons 18 years and over residing in your home and any second care givers, if applicable.

**E. CERTIFICATION OF UNDERSTANDING:**

I \_\_\_\_\_, of the above named home, understand this request constitutes a Request of Agency Action as specified in Utah Code Ann. 63-46b(3) and serves as the formal document upon which a decision to issue a Letter of Certificate will be based. I agree to abide by the rules promulgated by the State of Utah for this category of child care and do hereby state that the information provided on this application is true to the best of my knowledge and belief.

I agree to allow authorized representatives of the Department of Health, upon presentation of proper identification, to enter my home at any reasonable time without a warrant and to review records and documents as necessary to ascertain compliance with State law and rules promulgated by the Department of Health.

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Signature

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Date

July 2005